

Work History: Acupuncturist

APPLICANTS: Please complete your work history only as it relates to the practice of acupuncture. For non-acupuncture related employment, please list the employer, dates employed, and job title. DO NOT list your job duties.

Date Form Completed: ____ / ____ / ____

| | | | | | |
|---|------------|--|-------------|---|-------------------|
| 1. LAST NAME | | FIRST NAME | MIDDLE NAME | MAIDEN NAME | DEGREE (MD OR DO) |
| | SEX M F | SOCIAL SECURITY NUMBER ____ - ____ - ____ | | DATE OF BIRTH (MM/DD/YY) ____ / ____ / ____ | |
| | | | | CHECK HERE IF YOU HAVE NEVER BEEN EMPLOYED <input type="checkbox"/> | |
| STREET NUMBER | | STREET NAME | | | APARTMENT # |
| CITY | | STATE | ZIP CODE | COUNTY | |
| 2. RECORD WORK HISTORY CHRONOLOGICALLY – Complete Work History beginning with present employment and concluding with graduation. You must account for all breaks in work history, including, volunteer work and periods of unemployment. If the work was not related to the practice of acupuncture, please list only the name of the business, job title and dates worked. DO NOT list your description of job duties for non-ADT related jobs. | | | | | E-MAIL ADDRESS |

| | | | | |
|--|---------------|--|------|--|
| A. NAME OF BUSINESS OR INSTITUTION: | | JOB TITLE | | |
| | | | | |
| ADDRESS: | STREET NUMBER | STREET NAME | CITY | STATE |
| | | | | ZIP CODE |
| SUPERVISOR'S NAME: | | | | DESCRIPTION OF DUTIES PERFORMED |
| DATE OF EMPLOYMENT/ATTENDANCE: | | HOURS WORKED PER WEEK: | | |
| FROM: ____ / ____ / ____ MONTH DAY YEAR | | _____ TYPE OF EMPLOYMENT: | | |
| TO: ____ / ____ / ____ MONTH DAY YEAR | | ____ FULL-TIME ____ PART-TIME | | |
| TOTAL TIME WORKED ____ / ____ MONTH YEAR | | APPROXIMATE NUMBER OF PATIENTS: _____ APPROXIMATE NUMBER OF PATIENT VISITS: _____ | | |
| B. NAME OF BUSINESS OR INSTITUTION: | | JOB TITLE | | |
| | | | | |
| ADDRESS: | STREET NUMBER | STREET NAME | CITY | STATE |
| | | | | ZIP CODE |
| SUPERVISOR'S NAME: | | | | DESCRIPTION OF DUTIES PERFORMED |
| DATE OF EMPLOYMENT/ATTENDANCE: | | HOURS WORKED PER WEEK: | | |
| FROM: ____ / ____ / ____ MONTH DAY YEAR | | _____ TYPE OF EMPLOYMENT: | | |
| TO: ____ / ____ / ____ MONTH DAY YEAR | | ____ FULL-TIME ____ PART-TIME | | |
| TOTAL TIME WORKED ____ / ____ MONTH YEAR | | APPROXIMATE NUMBER OF PATIENTS: _____ APPROXIMATE NUMBER OF PATIENT VISITS: _____ | | |

Work History: Acupuncturist (CONTINUED)

| | | | | | |
|--|---------------|-------------|--|-------|--|
| C. NAME OF BUSINESS OR INSTITUTION: | | | JOB TITLE | | |
| | | | | | |
| ADDRESS: | STREET NUMBER | STREET NAME | CITY | STATE | ZIP CODE |
| SUPERVISOR'S NAME: | | | | | DESCRIPTION OF DUTIES PERFORMED |
| DATE OF EMPLOYMENT/ATTENDANCE: | | | HOURS WORKED PER WEEK: | | |
| FROM: ____/____/____ MONTH DAY YEAR | | | _____ TYPE OF EMPLOYMENT: | | |
| TO: ____/____/____ MONTH DAY YEAR | | | ____FULL-TIME ____PART-TIME | | |
| TOTAL TIME WORKED ____/____ MONTH YEAR | | | APPROXIMATE NUMBER OF PATIENTS: _____ APPROXIMATE NUMBER OF PATIENT VISITS: _____ | | |
| D. NAME OF BUSINESS OR INSTITUTION: | | | JOB TITLE | | |
| | | | | | |
| ADDRESS: | STREET NUMBER | STREET NAME | CITY | STATE | ZIP CODE |
| SUPERVISOR'S NAME: | | | | | DESCRIPTION OF DUTIES PERFORMED |
| DATE OF EMPLOYMENT/ATTENDANCE: | | | HOURS WORKED PER WEEK: | | |
| FROM: ____/____/____ MONTH DAY YEAR | | | _____ TYPE OF EMPLOYMENT: | | |
| TO: ____/____/____ MONTH DAY YEAR | | | ____FULL-TIME ____PART-TIME | | |
| TOTAL TIME WORKED ____/____ MONTH YEAR | | | APPROXIMATE NUMBER OF PATIENTS: _____ APPROXIMATE NUMBER OF PATIENT VISITS: _____ | | |
| E. NAME OF BUSINESS OR INSTITUTION: | | | JOB TITLE | | |
| | | | | | |
| ADDRESS: | STREET NUMBER | STREET NAME | CITY | STATE | ZIP CODE |
| SUPERVISOR'S NAME: | | | | | DESCRIPTION OF DUTIES PERFORMED |
| DATE OF EMPLOYMENT/ATTENDANCE: | | | HOURS WORKED PER WEEK: | | |
| FROM: ____/____/____ MONTH DAY YEAR | | | _____ TYPE OF EMPLOYMENT: | | |
| TO: ____/____/____ MONTH DAY YEAR | | | ____FULL-TIME ____PART-TIME | | |
| TOTAL TIME WORKED ____/____ MONTH YEAR | | | APPROXIMATE NUMBER OF PATIENTS: _____ APPROXIMATE NUMBER OF PATIENT VISITS: _____ | | |